

Kasich	McIntosh	Snyder
Kennedy	McIntyre	Spratt
Kilpatrick	Meehan	Stark
Klink	Meek (FL)	Stupak
Kolbe	Menendez	Talent
LaFalce	Metcalfe	Tancredo
Lantos	Moran (VA)	Thompson (MS)
LaTourette	Owens	Visclosky
Lazio	Oxley	Watkins
Lewis (GA)	Pickett	Watts (OK)
Lipinski	Riley	Weiner
Maloney (CT)	Sanchez	Weygand
Martinez	Shaw	Wise
McCollum	Shays	Wynn
McInnis	Shuster	

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So the joint resolution was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. MALONEY of Connecticut. Mr. Speaker, I was unavoidably detained during rollcall vote No. 574. Had I been present I would have voted "yea."

Additionally, I was unavoidably detained during rollcall vote No. 575. Had I been present I would have voted "yea".

PERSONAL EXPLANATION

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, on rollcall Nos. 574 and 575 I missed votes due to an airline delay. Had I been present, I would have voted "yea" on both.

PERSONAL EXPLANATION

(Mr. HINCHEY asked and was given permission to address the House for 1 minute.)

Mr. HINCHEY. Mr. Speaker, as a result of travel difficulties, on rollcall No. 574 and rollcall No. 575, I was unavoidably detained en route to the Capitol. Had I been present, I would have voted "aye."

MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. PALLONE. Mr. Speaker, I rise to offer a motion to instruct.

The SPEAKER pro tempore (Mr. THORNBERRY). The Clerk will report the motion.

The Clerk read as follows:

Mr. PALLONE moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 4577 be instructed, in resolving the differences between the two Houses on the funding level for program management in carrying out titles XI, XVIII, XIX, and XXI of the Social Security Act, to choose a level that reflects a requirement on Medicare+Choice organizations to offer Medicare+Choice plans under part C of such title XVIII for a minimum contract period of three years, and to maintain the benefits specified under the contract for the three years.

The SPEAKER pro tempore. Under the rule, the gentleman from New Jer-

sey (Mr. PALLONE) and the gentleman from California (Mr. THOMAS) each will be recognized for 30 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, the motion I am offering is an amendment to inject some needed accountability into the Medicare+Choice program. It instructs the conferees to support language that would require HMOs participating in the Medicare+Choice program to stay in their given markets for 3 years. In addition, it instructs the conferees to support language that requires HMOs to provide all the benefits they promised to beneficiaries when they enrolled in Medicare HMOs.

Last week, the Republican leadership passed a Medicare refinement bill that is really nothing more than a special interest giveaway to the managed care industry. Over 40 percent of the money in this bill is given to the managed care industry, and it is given to the industry with virtually no strings attached.

Mr. Speaker, there is nothing in this bill that passed last Thursday that guarantees any stability for seniors or that the plans will stay in a given area. The only thing that is guaranteed is that the managed care industry will be granted a massive government windfall. I suppose it is a reward of sorts for the managed care industry from the Republican leadership for their effective campaign to prevent the patients' bill of rights from reaching the President's desk.

Unfortunately, the managed care industry's gain translates into a significant loss for Medicare beneficiaries and the entire spectrum of Medicare providers in the health community. Every Member in this Chamber has heard from providers in their districts, be it hospitals, home health care providers, nursing homes, hospices, community health centers and others, that are being crushed by the unintended financial burden of the balanced budget agreement. Despite last year's BBA refinement package, there are countless Medicare providers around the country whose ability to provide care to Medicare beneficiaries is precarious because of the lack of adequate reimbursement. In my district, I have already seen a hospital forced to close its doors.

Mr. Speaker, it would have been infinitely more appropriate to spread what money has been set aside in the budget for Medicare refinements more evenly throughout the program than to give a disproportionate sum to an industry that has a clear record of putting profits ahead of patients. Working with the White House, we will continue to fight for a more equitable distribution of funds so that the Medicare beneficiary, not the HMO executive, will come first.

It would have also been appropriate to require that the HMOs are held accountable for the care they are supposed to provide beneficiaries in ex-

change for the windfall the Republican leadership wants to give them. As we saw a few days ago, and as we have seen for the last several years, the Republican leadership is unwilling to break its special interest bond with the managed care industry. They remain steadfastly opposed to any measure that would require the managed care industry to act in a more responsible manner that Medicare beneficiaries and all patients have been demanding.

Mr. Speaker, let me also say that my motion is not an attempt to hamstring the managed care industry or weaken it in any way. I want to preserve it and make it stronger for all seniors who may want to enroll in HMOs for their care. In fact, I have introduced legislation myself that would restore funding to Medicare HMOs.

I am not, however, willing to simply give HMOs untold billions and then allow them to continue to pull the rug out from underneath seniors who are lured into HMOs with the promise of extra benefits. And this latter point about benefits is very important. Medicare beneficiaries are not just destabilized when their HMOs pull out of the market. They are oftentimes destabilized when their HMO stays and their HMO just rescinds the extra benefits that attracted the beneficiaries in the first place, the most popular example of that being prescription drug coverage.

Seniors should be afforded some peace of mind and be able to know that when they enroll in an HMO for prescription drug coverage or whatever extra benefits they enroll for, they are going to get those benefits. If the Republican leadership remains wedded to giving the managed care industry multibillion dollar special interest giveaways at the expense of all other Medicare providers, the least the Congress can do is require that seniors are going to get what they are promised.

If my colleagues on the other side are as committed as they purport they are to providing seniors with a Medicare prescription drug benefit, they should have no opposition to requiring managed care companies to agree to provide what they promised beneficiaries they will provide for at least a 3-year period. I do not think that is a lot to ask for and that is what this motion to instruct is all about.

Mr. Speaker, I reserve the balance of my time.

Mr. THOMAS. Mr. Speaker, yield myself such time as I may consume.

Mr. Speaker, I think first of all we should look at this motion to instruct. There are several levels of clearance that are required for a motion to instruct to be in order, and it has to deal with funding. Obviously, in this motion to instruct, it says that in resolving the differences between the two Houses on the funding level for program management of the Social Security Act. So it meets that test level.

But then it goes on to say that through the funding mechanism, they